

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 4

2. STATE:

RI

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1/1/01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.253

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 0*b. FFY 2002 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D, page 9

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19D, page 9

***Costs associated with this technical
change were included in SPA 00-008.
There are no additional costs.**

10. SUBJECT OF AMENDMENT:

Principles of Reimbursement for Nursing Facilities

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

See attached letter.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Christine C. Ferguson

14. TITLE:

Director

15. DATE SUBMITTED:

2/12/01

16. RETURN TO:

Dorothy Karolyshyn

DHS

600 New London Avenue

Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

2/12/01

18. DATE APPROVED:

4/6/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01-01-01

20. SIGNATURE OF REGIONAL OFFICIAL:

Arnold Preston

21. TYPED NAME:

22. TITLE:

ARA, DMSO

23. REMARKS:

OFFICIAL

arrayed.

b. (1) Nursing Facility Bed Replacement - Effective September 1, 1996:

Definition of Bed Replacement is defined as licensed beds newly constructed as an alternative to renovating existing licensed beds and meet the eligibility requirements below:

I. a licensed nursing facility, certified to participate in the Rhode Island Medical Assistance Program and in continuous operation and under the same ownership for reimbursement purposes since July 1, 1967, and

ii. costs for renovating existing physical plant to modernize and to conform to fire safety code laws governing nursing facility construction make the costs of renovations fiscally unsound. For those nursing facilities eligible to construct new nursing facility replacement beds the maximum allowable per diem cost in the Other Property Related Expenses cost center will be set at the rate of \$18.97 subject to the following conditions:

a) replacement beds are licensed in a number no greater than the actual beds licensed in the existing facility, unless additional beds are approved by the Department of Health prior to January 1, 2001, and constructed on one site, not multiple sites, and

b) if fewer replacement beds are constructed than are licensed in the existing facility the license for the difference in beds will be unconditionally surrendered to the Department of Health, and

TN # 01-004
Supersedes
TN# 96-007

Approval Date: 4/6/01 Effective Date: 01/01/01

OFFICIAL